

Welcome to the 2017 Benefits Open Enrollment Wizard

The online wizard will enable you to select your benefits that will be effective January 1, 2018. If you aren't making any changes, you do not need to complete the wizard. However, if you are opting to participate in Flexible Spending Account, you will need to select this option in the open enrollment wizard.

You will be able to enroll or modify your current benefits including:

- **Medical**
- **Dental**
- **Vision Plan**
- **Medical Spending**
- **Dependent Care**

If you enroll in health plans that require you to pay a premium, you will automatically be enrolled in the Pre-Tax Premium plan as defined by Internal Revenue, Code Section 125. This means all your health care premiums are paid with tax free dollars. If you do not wish to participate in the pre-tax plan, please complete and return the form declining enrollment in the pre-tax.

To use the wizard, scroll through the screens using the **NEXT** button located at the top of each page. To go back use the **BACK** button.

You can go through the Open Enrollment Wizard as many times as you like between 8:00 am November 6th and 5:00 pm November 17th. No changes will be allowed after 5:00 pm on November 17th.

You **must** select at least 1 option for each benefit. If you do not want to enroll or participate in a plan, please select the **"WAV"** (waive) option. Please remember to review your dependent coverage levels. If you select an option with dependents, you must check all dependents that are to be included in the plan.

A total of five options should be selected when you review your 2018 Open Enrollment Elections.

If you need assistance, please contact Human Resources at 533-2245.

****REMEMBER OPEN ENROLLMENT ENDS on NOVEMBER 17, 2017 at 5:00 pm!****

Log in to the Vista HRMS System. This is the same User ID and Password you currently utilize to view your pay stubs.



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OF FLORIDA

LEE COUNTY PORT AUTHORITY

Please enter your User ID and Password

User ID:

Password:

[Forgot my password](#)

You will have the opportunity to select five plans, including:

Medical

Dental

Vision

(FSA) Medical Spending

(FSA) Dependent Care Reimbursement

Reminders:

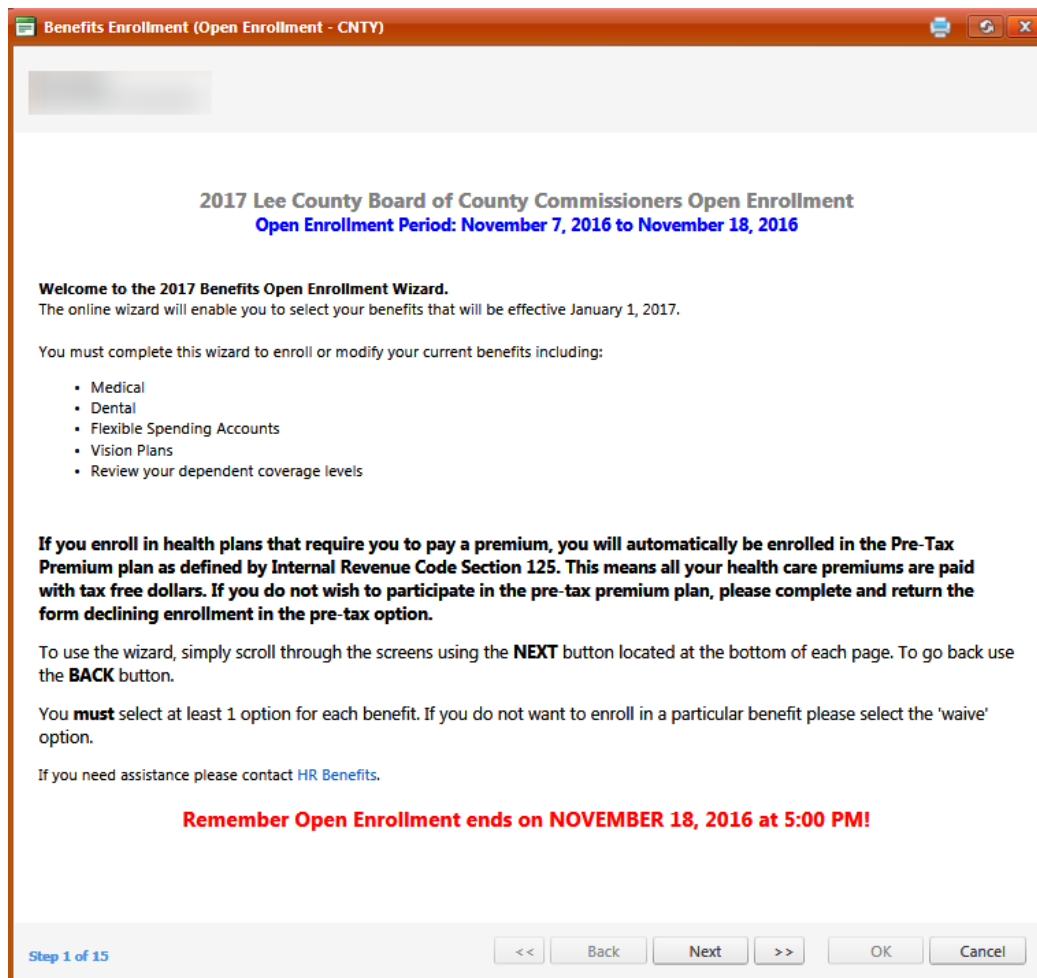
- To enroll in Opt-out, you must waive coverage in the Open Enrollment Wizard, complete the Opt-out form, and send that to the Human Resources Department by November 17, 2017 by 5:00pm.
- You can only DROP Short Term Disability during Open Enrollment. Please complete the drop from your 2017 Open Enrollment materials.
- Read the plan descriptions carefully before making your selections.
- **If you are adding a dependent or spouse that is not listed or available for selection, please contact Human Resources.**

Once you log-in to Vista –

Click on your Self-Service button and then click on the top line, Benefits Open Enrollment.



This screen has important information related to 2017 Open Enrollment. Please read it carefully and click Next.



Current year's plans. Click Next.

	Employee Monthly Cost	Employer Monthly Cost
Dental Insurance Plans		
✓ <i>Den:Emp Only Pretax</i>	5.00	37.00
Medical Plans		
✓ <i>POS2: EE Only Pretax</i>	15.00	765.00
Vision Insurance Plans		
✓ <i>Vision WAV Option</i>	0.00	0.00
Medical Spending Account		
✓ <i>Med Reimb Acct 2016</i>	70.82	0.00
Dependent Care Reimbursement		
✓ <i>Dep Care Reimb 2016 WAV Option</i>	0.00	0.00
Total Cost	90.82	802.00

Next year's plans. If it is your first time opening the OE Wizard, you may not see all five plans. Click Next.

	Employee Monthly Cost	Employer Monthly Cost
Dental Insurance Plans		
✓ <i>Den:Emp Only Pretax</i>	5.00	37.00
Medical Plans		
✓ <i>POS2: EE Only Pretax</i>	15.00	765.00
Vision Insurance Plans		
✓ <i>Vision WAV Option</i>	0.00	0.00
Medical Spending Account		
✓ <i>Med Reimb Acct 2016</i>	70.82	0.00
Dependent Care Reimbursement		
✓ <i>Dep Care Reimb 2016 WAV Option</i>	0.00	0.00
Total Cost	90.82	802.00

MEDICAL

- There are three plans:
 - Select
 - POS 2
 - WAV (waive)
- There are four options for Select and POS2:
 - EE Only Pretax \$15.00
 - EE+Dep Pretax \$115.00
 - EE+Spouse \$145.00
 - EE+Family \$160.00

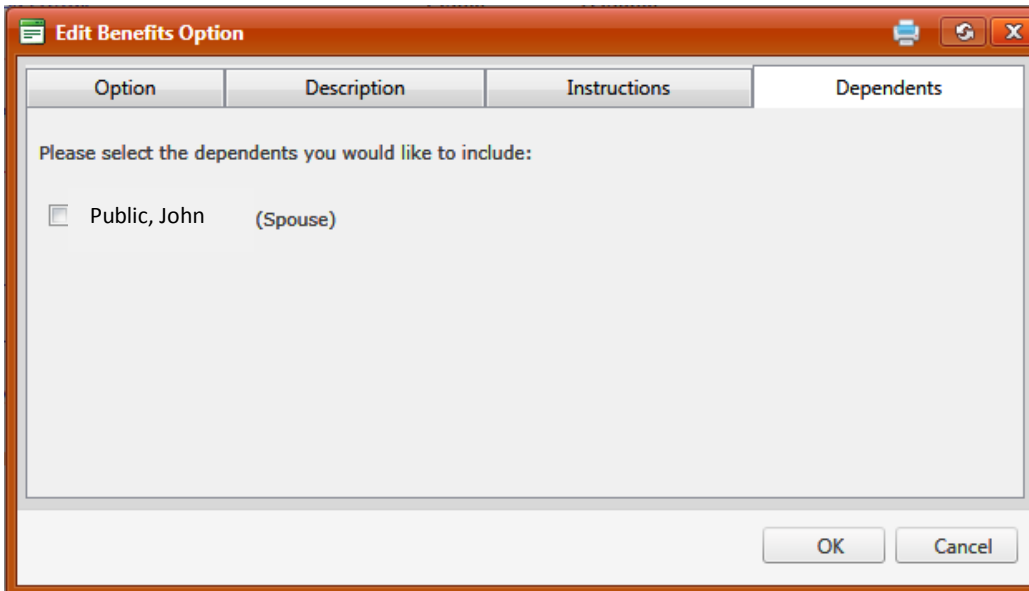
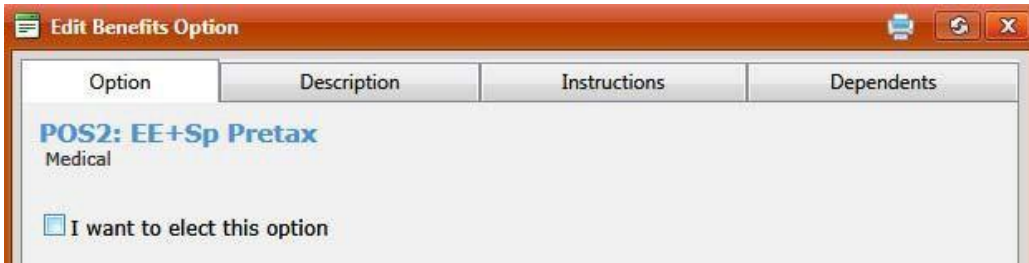
Click on the option you wish to select. If you do not wish to select a medical plan, select the WAV Option. To enroll in Opt-out, you must waive coverage in the Open Enrollment Wizard and complete the Opt-out form and send that to the Human Resources Department by November 18, 2016.

Remember, that if you are choosing a different option from last year, you must first inactivate your current option and inactivate the dependents.

The screenshot shows a software window titled "Benefits Enrollment (Open Enrollment - CNTY)". The main content area is titled "Medical Plans" and displays a table of options. The "Total Employee Cost" is shown as 184.87. The table has three columns: "Plan Name", "Employee Monthly Cost", and "Employer Monthly Cost". The first row, "SEL: EE+Deps Pretax", is selected with a green checkmark and shows costs of 115.00 for the employee and 1,430.00 for the employer. Other options include "POS2: EE Only Pretax", "POS2: EE+Deps Pretax", "POS2: EE+Sp Pretax", "POS2: EE+Fam Pretax", "SEL: EE Only Pretax", "SEL: EE+Sp Pretax", and "SEL: EE+Fam Pretax". A note at the bottom states "Note: Only 1 option may be selected for this group". The window footer shows "Step 4 of 10" and navigation buttons: "<< Back Next >> OK Cancel".

Plan Name	Employee Monthly Cost	Employer Monthly Cost
<input checked="" type="radio"/> SEL: EE+Deps Pretax	115.00	1,430.00
<input type="radio"/> POS2: EE Only Pretax	15.00	765.00
<input type="radio"/> POS2: EE+Deps Pretax	115.00	1,430.00
<input type="radio"/> POS2: EE+Sp Pretax	145.00	1,430.00
<input type="radio"/> POS2: EE+Fam Pretax	160.00	1,430.00
<input type="radio"/> SEL: EE Only Pretax	15.00	765.00
<input type="radio"/> SEL: EE+Sp Pretax	145.00	1,430.00
<input type="radio"/> SEL: EE+Fam Pretax	160.00	1,430.00

For a plan change, click on the current plan title to open. Then uncheck the box “I want to elect this option.” If the current plan has dependents, click on the dependent tab and remove the check next to each dependents name. If there are no dependents, click OK.



When you've made your selection, click Next.

Remember: If you are changing plans, you need to uncheck the elect option for the old plan and uncheck dependents from the old plan before selecting your new plan. If you select a new plan with dependent or family coverage, be sure to check all dependents that are moving to the new plan.

DENTAL

- There are two plans:
 - Dental
 - WAV (waive)
- There are options for Dental:
 - Dental Emp Only Pretax \$ 5.00
 - Dental Emp + Fam Pretax \$40.00

Once inside the option, click I want to elect this option. If the option includes dependents, click on dependents. If there are no dependents, select ok.

Benefits Enrollment (Open Enrollment - CNTY)

Dental Insurance Plans Total Employee Cost: 184.87

	Employee Monthly Cost	Employer Monthly Cost
<input checked="" type="radio"/> Den:Emp + Fam Pretax	40.00	37.00
<input type="radio"/> Den:Emp Only Pretax	5.00	37.00
<input type="radio"/> Dental WAV Option	0.00	0.00

Note: Only 1 option may be selected for this group

Step 5 of 10 << Back Next >> OK Cancel

When you've made your selection, click next.

Remember: If you are changing plans, you need to uncheck the elect option for the old plan and uncheck dependents from the old plan. If you select a new plan with dependent or family coverage, be sure to check all dependents that are moving to the new plan.

VISION

- There are three plans:
 - Vision
 - Vision2
 - WAV (waive)
- There are two options for both Vision and Vision2:
 - Vision Emp Only Pretax \$7.92
 - Vision Emp + Fam Pretax \$16.68
 - Vision2: Emp Only \$10.58
 - Vision2: EE+Fam Pretax \$22.28

Once inside the option, click I want to elect the option. If the option includes dependents, click on dependents. If there are no dependents, select ok.

Benefits Enrollment (Open Enrollment - CNTY)

Vision Insurance Plans Total Employee Cost: 20.00

You must choose an option.

If you do not want Vision coverage, select the Vision Waive option.

If you are changing your option of coverage, you must uncheck your current option and uncheck your dependents, if you have family coverage. Then, select your new option of coverage, and add dependents, if applicable.

	Employee Monthly Cost	Employer Monthly Cost	Total Cost
<input type="radio"/> Vision2-EE Only Pretax	10.58	0.00	10.58
<input type="radio"/> Vision2-EE+Fam Pretax	22.28	0.00	22.28
<input checked="" type="radio"/> Vision WAV Option	0.00	0.00	0.00
<input type="radio"/> Vis:Emp Only Pretax	7.92	0.00	7.92
<input type="radio"/> Vis:Emp + Fam Pretax	16.68	0.00	16.68

Note: Multiple options may be selected for this group [CLICK HERE FOR ADDITIONAL BENEFITS INFORMATION](#)

Step 6 of 10 << Back Next >> OK Cancel

When you've made your selection, click Next.

Remember: If you are changing plans, you need to uncheck the elect option for the old plan and uncheck dependents from the old plan. If you select a new plan with dependent or family coverage, be sure to check all dependents that are moving to the new plan.

(FSA) MEDICAL SPENDING ACCOUNT

- There are two plans:
 - Med Reimb Acct 2018 – Annual min \$600, max \$2650
 - Med Reimb Acct 2018 – WAV Option (waive)

	Employee Monthly Cost	Yearly Maximum	Yearly Contribution	Per-Pay Contribution	Total Cost
<input type="radio"/> Med Reimb Acct 2017	0.00	2,600.00	0.00	0.00	0.00
<input type="radio"/> Med Reimb Acct 2017 WAV Option	0.00	0.00	0.00	0.00	0.00

Click on the option you choose. If you chose Med Reimb Acct, click on the Deduction Amount tab to enter the annual amount.

Option	Description	Instructions	FSA
Med Reimb Acct 2017	Medical Spending Account		

I want to elect this option

Enter the annual amount and click OK.

Option	Description	Instructions	FSA
<input checked="" type="radio"/> Calculate per pay contribution (based on yearly contribution)			
Employee Annual Contribution:	Pay Periods:	Plan Maximum:	
90.00	24	2600.00	

OK Cancel

When you've made your selection, click Next.

(FSA) DEP CARE REIMBURSEMENT

- There are two plans:
 - Dep Care Reimb 2018 – Annual min \$600, max \$5000
 - Dep Care Reimb 2018 WAV Option (waive)

Dependent Care Reimbursement Total Employee Cost: 20.00

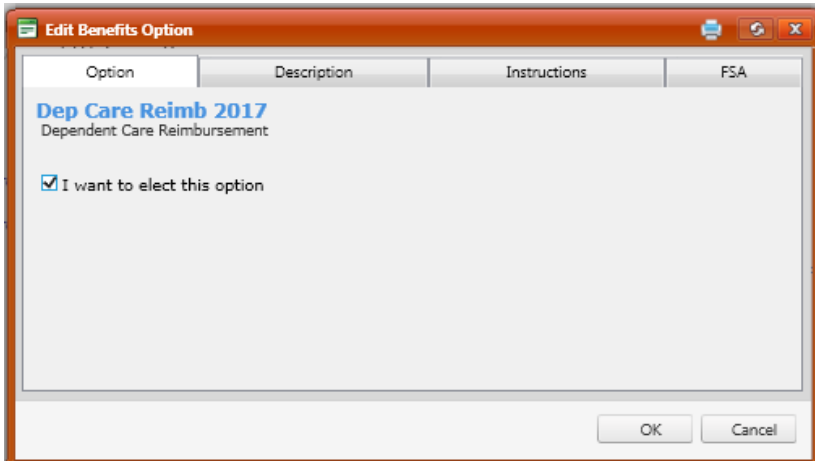
You must choose an option.
If you do not want a Dependent Care FSA (Flexible Spending Account), select the Dependent Care Reimbursement Waive option.

	Employee Monthly Cost	Yearly Maximum	Yearly Contribution	Per-Pay Contribution	Total Cost
<input checked="" type="radio"/> Dep Care Reimb 2017	0.00	5,000.00	0.00	0.00	0.00
<input type="radio"/> Dep Care Reimb 2017 WAV Option	0.00	0.00	0.00	0.00	0.00

Note: Only 1 option may be selected for this group [CLICK HERE FOR ADDITIONAL BENEFITS INFORMATION](#)

Step 8 of 10 << Back Next >> OK Cancel

Click on the option you choose. If you chose Dep Care Reimb Acct, click on the Deduction Amount tab to enter the annual amount.

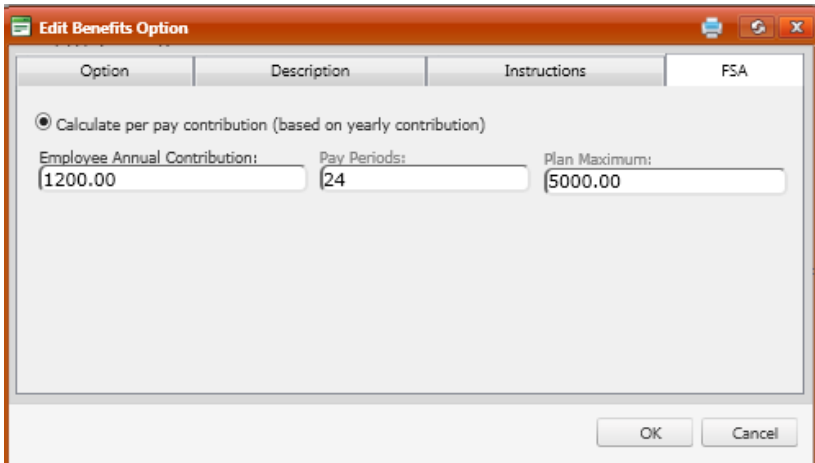


The screenshot shows a window titled "Edit Benefits Option" with a tabbed interface. The "Option" tab is active, displaying the following information:

Option	Description	Instructions	FSA
Dep Care Reimb 2017	Dependent Care Reimbursement		

Below the table, there is a checkbox labeled "I want to elect this option" which is checked. At the bottom right of the window are "OK" and "Cancel" buttons.

Enter the annual amount and click OK



The screenshot shows the same "Edit Benefits Option" window, but with the "FSA" tab selected. The radio button "Calculate per pay contribution (based on yearly contribution)" is selected. Below this, there are three input fields:

Employee Annual Contribution:	Pay Periods:	Plan Maximum:
1200.00	24	5000.00

At the bottom right of the window are "OK" and "Cancel" buttons.

When you've made your selection, click Next.

This screen shows the choices you've made for 2018. If you would like to change something, use the Back button to return to the plan you need to change. If everything is correct, click Next.

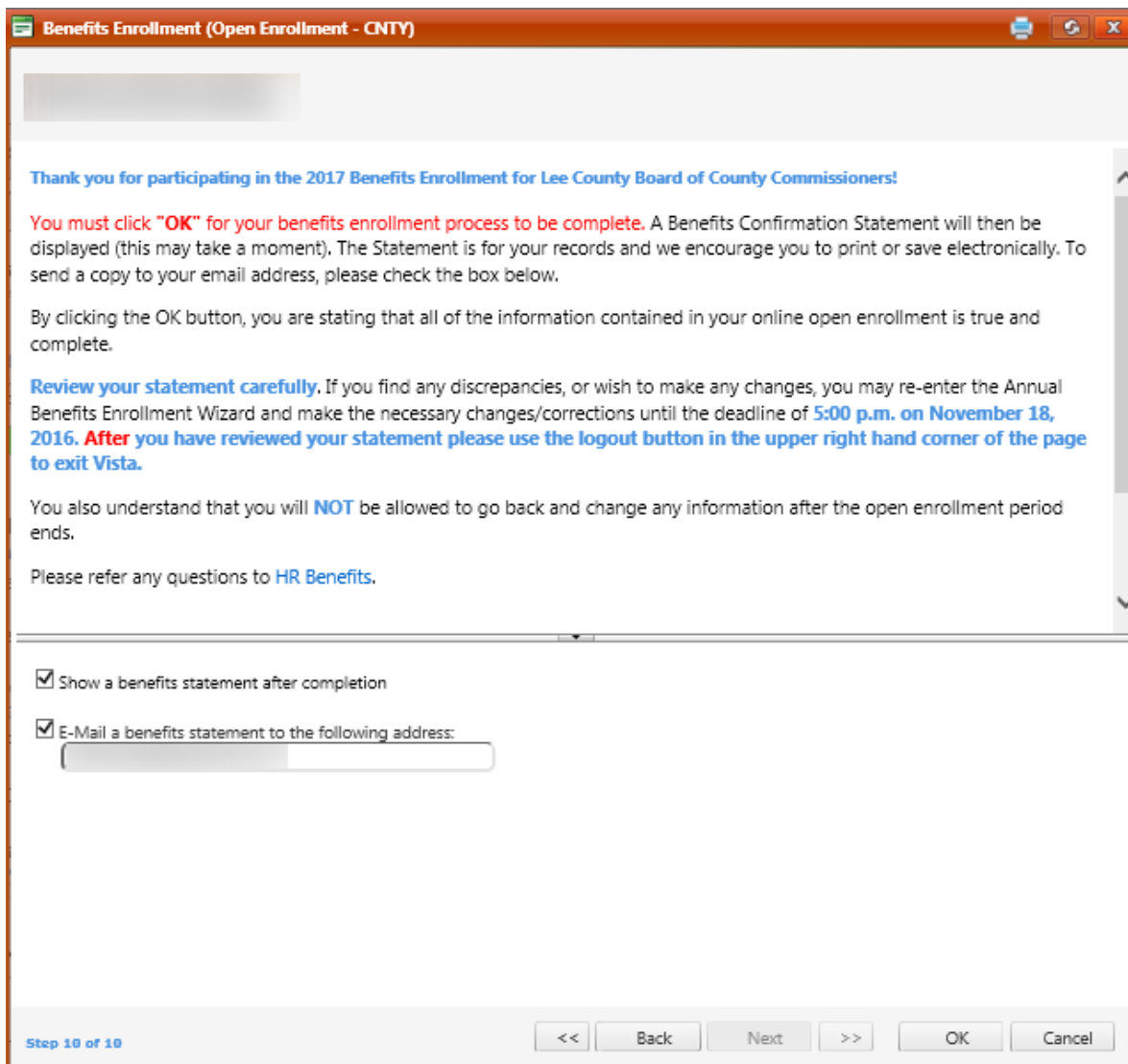
Benefits Enrollment (Open Enrollment - CNTY)

2017 Open Enrollment Elections

	Employee Monthly Cost	Employer Monthly Cost
Medical Plans		
<input checked="" type="checkbox"/> POS2: EE Only Pretax		
	15.00	765.00
Dental Insurance Plans		
<input checked="" type="checkbox"/> Den:Emp Only Pretax		
	5.00	37.00
Vision Insurance Plans		
<input checked="" type="checkbox"/> Vision WAV Option		
	0.00	0.00
Medical Spending Account		
<input checked="" type="checkbox"/> Med Reimb Acct 2017		
	180.00	0.00
Dependent Care Reimbursement		
<input checked="" type="checkbox"/> Dep Care Reimb 2017		
	100.00	0.00
Total Cost	300.00	802.00

Step 9 of 10

<< Back Next >> OK Cancel



Verify that “Show a benefits statement after completion” is checked. If you do not click OK, your changes will not be saved. If you would like a statement sent to your email, verify that the email at the bottom is correct and click OK.

To logoff, click the Log Out link in the upper right hand corner.



, you have just completed 2018 Open Enrollment for the Year. Questions? Call Human Resources at 533-2245.